

**STATE OF GEORGIA
DEPARTMENT OF DRIVER SERVICES
REGULATORY COMPLIANCE DIVISION
2206 EAST VIEW PARKWAY – P.O. BOX 80447
CONYERS, GA 30013**

Date Issued

Date Expires

APPLICATION FOR RISK REDUCTION INSTRUCTOR RECERTIFICATION

1. Name: _____
(last, first, middle)

2. Resident Address: _____
(street, city, zip code)

Mailing Address *(if different)*: _____

3. Telephone Number: _____
(home) *(business)*

4. Occupation: _____
(employed by, position, dates of employment)

5. In order to be recertified, an instructor must have instructed at least 12 classes in the initial four-year certification and at least 8 classes in every four-year recertification period thereafter.

PROGRAM NAME

ID NUMBER

DATES CLASSES TAUGHT

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional sheet if necessary)

6. How many contact hours of DDS approved alcohol/drug or group facilitation courses have you accrued in the past 48 months? _____ *(Verification of all contact hours must be attached. You may use your director recertification contact hours to recertify your instructor license.)*

7. Have you ever been arrested for any reason, or have you ever had criminal charges filed against you?
Yes ☐ No ☐

IF YES, PLEASE COMPLETE THE FOLLOWING:

Arrest Location(s)	Month/Year	Charge(s)	Disposition of Charge

8. Are there any proceedings currently pending against you relative to any crimes, misdemeanors or violations? Yes ☐ No ☐ If yes, please provide details: _____

INSTRUCTOR'S STATEMENT

This is to certify that I am applying for instructor recertification with the DUI, Alcohol or Drug Use Risk Reduction Program. All information on this application and the attached documents is true and correct. I understand that I am responsible for complying with all rules and regulations and all instructor requirements. I authorize the investigation of all statements contained in this application as may be necessary for a decision regarding my eligibility for instructor recertification.

I further understand and agree to comply with the following rules:

I will maintain the confidentiality of all Program records including, but not limited to assessment results and other components attended. Records shall be confidential and shall not be release without the written consent of the student, except that such records shall be made available to the Department of Driver Services

TO KNOWINGLY MAKE A FALSE STATEMENT OR CONCEAL A MATERIAL FACT IN THIS APPLICATION WILL RESULT IN THE CANCELLATION OF YOUR CERTIFICATION.

Signature of Applicant

Date

Sworn to before me this _____ day of _____, _____

Notary

(Seal Required)

Georgia Department of Driver Services
 2206 East View Parkway, P.O. Box 80447, Conyers, GA 30013

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			
CONSENT FOR BACKGROUND INVESTIGATION			
Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code
Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are now charged, under indictment, or have court hearings pending for any charges, give details below:			

I hereby apply for a Certificate (to operate a Commercial Truck Driving School and/or Driver Improvement School and/or Risk Reduction Program Owner, Director and/or to become an Instructor) to be issued by the Department of Driver Services (DDS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature _____	Date _____
THIS CONSENT FORM MUST BE NOTARIZED	
Subscribed to and sworn before me: _____	SEAL OR STAMP

Notary Signature _____	Date _____
My commission expires: _____	

Regulatory Compliance Division